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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : 120060000012 Phone : (305)826-5886 Fax Number : (305)722-0535

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CLARK'S BRAND LLC**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CL.	ARK'S BRAND LLC			
(Name of the Idmited Ida)	oility Company as it now appears ords Limited Liability Company)	n ear records.)		
he Articles of Organization for this Limited Liability	y Company were filed on	07/21/2020	and assig	ned
orida document numberL20000214112				7
his amendment is submitted to amend the following	:			
. If amending name, enter the new name of the t	mited lishility company here	¥		
he new name must be distinguishable and coatsin the words "I	Jimited Liability Company," the desi	gastion "LLC" or the si	brevistion "L.L.C	C. "
nter new principal offices address, if applicable:				
Principal office address MUST BE A STREET AD	DRESSI		·	
	•			
inter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·	
Mailleg address MAY BE A POST OFFICE BOX)		·		
· ·			<u> </u>	<u>:</u>
		72		•
If amending the registered agent and/or registegent and/or the new registered office address ber		ords, enter the nam	e of the new i	egist
tell sumor the new testimeten office sudden bet	•		(<u></u>	
Name of New Registered Agent:	INCIARTI	E, CLARK	, =	<u></u>
New Registered Office Address:	7570 NW 1861	H ST STE 102		<u></u>
	Enter Florid	a street address .		
	HIALEAH	, Florida	33015	
	City		Zio Code	

New Registered Agent's Signature, if changing Registered Agent;

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If smending Authorized Person(s) authorized to manage, enter the title, name, and address of each nerson being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	MORENO, KATIUSCA	7570 NW 186TH ST STE 102	□A4d
		HIALEAH, FL 33015	■Remove
MGR	INCIARTE, CLARK	7570 NW 186TH ST	
		STE 102	□ Pa
		HIALEAH, FL 33015	Change
			□Add
			
			□Change
			DA44
			□Remove
			Change
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ective date effective de ter if the de cument's eff	e, if other than the da ne is listed, the date must be ate inserted in this block fective date on the Depa	te of filing: _ specific and com does not meet riment of State	not be prior to o the applicables records.	iste of filing or mo e statutory filing	(opt then 90 days afte requirements, th	lonal) r filing.) Personnt to is date will not be	603.0207 listed as
ecord specifi is filed.	ies a delayed effective de	ile, bul not an e	effective time	, at 12:01 a.m. o	n the earlier of: (b) The 90th day	after the
	JULY 12TH		2023				
led	. 1			•			

Typed or printed name of signee